

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13010**

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FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edwin (Last) Malone				4. DATE OF DEATH (Month) (Day) (Year) 3-24-53			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 9, 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine		10b. KIND OF BUSINESS OR INDUSTRY Forman		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Malone				13b. MOTHER'S MAIDEN NAME Ann Malone		13c. NAME OF HUSBAND OR WIFE Lucretia A. Malone	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Lucretia A. Malone ADDRESS Branson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Chronic INTERVAL BETWEEN ONSET AND DEATH 5 yrs ANTECEDENT CAUSES Arteriosclerosis Generalized Morbidity conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 446X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/20, 1953 , to 3/24, 1953 , that I last saw the deceased alive on 3/22, 1953 , and that death occurred at 12 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE W.C. Mayers M.D. (Degree or title)				23b. ADDRESS Branson Mo.			
23c. DATE SIGNED 3/25/53							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-26-53		24c. NAME OF CEMETERY OR CREMATORY Branson Cemetery		24d. LOCATION (City, town, or county) (State) Kansas	
DATE REC'D BY LOCAL REG. 3-28-53		REGISTRAR'S SIGNATURE S.E. Copwell		25. FUNERAL DIRECTOR'S SIGNATURE W.D. Helcher		ADDRESS Branson Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Minnie L. Wheeler

Licensed Embalmer No. 2277

P. O. Address Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.